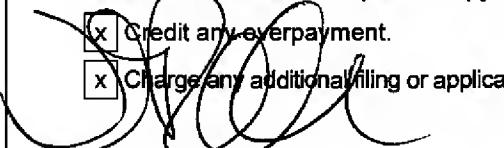


|   |                                   |                                |                             |                             |      |
|---|-----------------------------------|--------------------------------|-----------------------------|-----------------------------|------|
| <b>AMENDMENT TRANSMITTAL LETTER</b>   |                                   |                                |                             | Docket No.<br>4633-0184PUS1 |      |
| Application No.<br>10/594,602-Conf. #4872   | Filing Date<br>September 28, 2006 | Examiner<br>T.V. Duong         |                             | Art Unit<br>3744            |      |
| Applicant(s): Shuji IKEGAMI et al.  |                                   |                                |                             |                             |      |
| Invention: HEAT EXCHANGER   |                                   |                                |                             |                             |      |
| <b>MS Amendment</b><br><b>Commissioner for Patents</b><br><b>P.O. Box 1450</b><br><b>Alexandria, VA 22313-1450</b>  |                                   |                                |                             |                             |      |
| Transmitted herewith is an amendment in the above-identified application.   |                                   |                                |                             |                             |      |
| The fee has been calculated and is transmitted as shown below.  |                                   |                                |                             |                             |      |
| <b>CLAIMS AS AMENDED</b>  |                                   |                                |                             |                             |      |
|   | Claims Remaining After Amendment  | Highest Number Previously Paid | Number Extra Claims Present | Rate                        |      |
| Total Claims  | 15                                | - 20 =                         | 0                           | x 50.00                     | 0.00 |
| Independent Claims  | 1                                 | - 3 =                          | 0                           | x 210.00                    | 0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>  |                                   |                                |                             |                             |      |
| Other fee (please specify):   |                                   |                                |                             |                             |      |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b> <span style="float: right;">0.00</span>   |                                   |                                |                             |                             |      |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity  |                                   |                                |                             |                             |      |
| <input type="checkbox"/> No additional fee is required for this amendment.  |                                   |                                |                             |                             |      |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.<br>A duplicate copy of this sheet is enclosed.  |                                   |                                |                             |                             |      |
| <input type="checkbox"/> A check in the amount of \$ _____ is enclosed.   |                                   |                                |                             |                             |      |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |                                   |                                |                             |                             |      |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed. |                                   |                                |                             |                             |      |
| <input checked="" type="checkbox"/> Credit any overpayment.   |                                   |                                |                             |                             |      |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.  |                                   |                                |                             |                             |      |
| <br>Dated: <u>March 6, 2008</u>  |                                   |                                |                             |                             |      |
| D. Richard Anderson<br>Attorney Reg. No.: 40,439  |                                   |                                |                             |                             |      |
| BIRCH, STEWART, KOLASCH & BIRCH, LLP<br>8110 Gatehouse Road<br>Suite 100 East<br>P.O. Box 747<br>Falls Church, Virginia 22040-0747<br>(703) 205-8035  |                                   |                                |                             |                             |      |